

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: GA
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Michelle Mickey Rork

SCHIP Program Name(s): All, Georgia

SCHIP Program Type:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | SCHIP Medicaid Expansion Only |
| <input checked="" type="checkbox"/> | Separate Child Health Program Only |
| <input type="checkbox"/> | Combination of the above |

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

Contact Person/Title: Michelle Mickey Rork

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Submission Date: 8/14/2008

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From		% of FPL conception to birth		% of FPL *
	From		% of FPL for infants		% of FPL *	From	186	% of FPL for infants	235	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	134	% of FPL for children ages 1 through 5	235	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	101	% of FPL for children ages 6 through 16	235	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	101	% of FPL for children ages 17 and 18	235	% of FPL *

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? For new applicants, eligibility can be retroactive to the first day of the month in which a complete application is received.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

application	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 6	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			Any applicant who reports previous private coverage	
		List all exemptions to imposing the period of uninsurance [1000]		
		employer cancellation of the entire group plan; loss of eligibility due to parent's layoff, resignation of parent from employment, employment termination; leave of absence without pay, or reduction of work hours; cancellation of a private health plan in which cost-sharing is expected to exceed 5% of the family's annual income; cancellation of an individual within a family policy due to meeting lifetime maximum of benefits; or cancellation of COBRA or an individual insurance policy. A child born during the six month waiting period would be eligible		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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require premiums or an enrollment fee?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes																																	
	Enrollment fee amount		Enrollment fee amount																																		
	Premium amount		Premium amount																																		
	Yearly cap		Yearly cap																																		
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)																																		
			<table border="1"> <thead> <tr> <th>FPL</th> <th>1 Child</th> <th>Family</th> </tr> </thead> <tbody> <tr><td>100-150%</td><td>\$10.00</td><td>\$15.00</td></tr> <tr><td>151-160%</td><td>\$20.00</td><td>\$40.00</td></tr> <tr><td>161-170%</td><td>\$22.00</td><td>\$44.00</td></tr> <tr><td>171-180%</td><td>\$24.00</td><td>\$48.00</td></tr> <tr><td>181-190%</td><td>\$26.00</td><td>\$52.00</td></tr> <tr><td>191-200%</td><td>\$28.00</td><td>\$56.00</td></tr> <tr><td>201-210%</td><td>\$29.00</td><td>\$58.00</td></tr> <tr><td>211-220%</td><td>\$31.00</td><td>\$62.00</td></tr> <tr><td>221-230%</td><td>\$33.00</td><td>\$66.00</td></tr> <tr><td>231-235%</td><td>\$35.00</td><td>\$70.00</td></tr> </tbody> </table>		FPL	1 Child	Family	100-150%	\$10.00	\$15.00	151-160%	\$20.00	\$40.00	161-170%	\$22.00	\$44.00	171-180%	\$24.00	\$48.00	181-190%	\$26.00	\$52.00	191-200%	\$28.00	\$56.00	201-210%	\$29.00	\$58.00	211-220%	\$31.00	\$62.00	221-230%	\$33.00	\$66.00	231-235%	\$35.00	\$70.00
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211-220%	\$31.00	\$62.00																																			
221-230%	\$33.00	\$66.00																																			
231-235%	\$35.00	\$70.00																																			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A																																		

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			Same disregards as Medicaid: \$90 work \$200/\$175 child care \$50 child support	

<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. [7500]

As of July 1, 2007, families must provide verification of income at time of application and annual renewal.

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A
3. Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program. ☐ Yes ☒ No ☐ N/A
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. ☐ Yes ☒ No ☐ N/A
6. Is a joint application used for your Medicaid and separate child health program? ☐ Yes ☒ No ☐ N/A

7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

t) Other – please specify

a.

b.

c.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	Just updated to include instructions on documentation required
c) Application documentation requirements	Income verification required at time of application. Citizenship documentation is requested if we are unable to match with Vital Records.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	Enrollment was closed due to a federal funds shortfall from March to July 2007. Applications taken during this time period were processed based on date of receipt. Currently, there is a cap on enrollment of 295,000 children. If this cap is reached, policies established under the closed enrollment period will be reinstated.
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	

	Families are now required to provide documentation of income at the annual renewal.
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Due to the small number of enrollees and limited time in PeachCare the data is not available to adequately measure this age group.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Due to the small number of enrollees and limited time in PeachCare the data is not available to adequately measure this age group.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Due to the small number of enrollees and limited time in PeachCare the data is not available to adequately measure this age group.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Annual Performance Objective for FFY 2010:

Explain how these objectives were set:

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003 specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the eligible population who had at least one well-child visit during the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the eligible population who had at least one well-child visit during the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the eligible population who had at least one well-child visit during the measurement year. Denominator includes all children who were 3, 4, 5, or 6 years old as of the end of the measurement period. Denominator excludes children who had more than one month lapse in coverage in the measurement period.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 13419 Denominator: 36536 Rate: 36.7 Additional notes on measure: The percent of children with at least one well-child visit increased by 2 percent from CY03 to CY04.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 15593 Denominator: 40084 Rate: 38.9 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 19372 Denominator: 43027 Rate: 45 Additional notes on measure: Data is from June 2005 to May 2006. Due to data availability issues resulting from conversion to managed care delivery system, current measurement period is overlapped with the previous measurement period by 7 months.

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The percent of children with at least one well child visit in the eligible population increased by two percent from CY04 to CY05, and increased by six percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress? Send Health Check reminders to all families.</p> <p>Annual Performance Objective for FFY 2008: In the next five years, DCH will strive to meet or exceed the HEDIS 90th percentile (68.6%) for all managed care eligible children (Medicaid and SCHIP).</p> <p>Annual Performance Objective for FFY 2009: In the next five years, DCH will strive to meet or exceed the HEDIS 90th percentile (68.6%) for all managed care eligible children (Medicaid and SCHIP).</p> <p>Annual Performance Objective for FFY 2010: In the next five years, DCH will strive to meet or exceed the HEDIS 90th percentile (68.6%) for all managed care eligible children (Medicaid and SCHIP).</p> <p><i>Explain how these objectives were set:</i> Set as part of the managed care federal quality strategy.</p>		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerators include those children in the denominator who had at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year using the NDC codes provided on the NCQA website.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerators include those children in the denominator who had at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year using the NDC codes provided on the NCQA website.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerators include those children in the denominator who had at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year. Denominators include enrolled children as of the end of the measurement period per age cohort identified as having “persistent asthma”. Denominators exclude children who had more than one month lapse in coverage during the measurement and previous year.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1875 Denominator: 2575 Rate: 72.8 <u>10-17 years</u> Numerator: 1829 Denominator: 2571 Rate: 71.1 <u>Combined rate (5-17 years)</u> Numerator: 3704 Denominator: 5146 Rate: 72 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1846 Denominator: 2765 Rate: 66.8 <u>10-17 years</u> Numerator: 1717 Denominator: 2643 Rate: 65 <u>Combined rate (5-17 years)</u> Numerator: 3563 Denominator: 5408 Rate: 65.9 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1979 Denominator: 2820 Rate: 70.2 <u>10-17 years</u> Numerator: 1835 Denominator: 2733 Rate: 67.1 <u>Combined rate (5-17 years)</u> Numerator: 3814 Denominator: 5553 Rate: 68.7 Additional notes on measure: NDC codes were updated with 2006 version for the measurement period.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Age 5-9 Years:

The percent of eligible children receiving appropriate asthma medication decreased by five percent from CY04 to CY05, and increased by two percent from CY05 to the current measurement period.

Age 10-17 Years:

The percent of eligible children receiving appropriate asthma medication decreased by four percent from CY04 to CY05, and stayed the same from CY05 to the current measurement period.

Age 5-17 Years (combined):

The percent of eligible children receiving appropriate asthma medication decreased by five percent from CY04 to CY05, and increased by two percent from CY05 to the current measurement period.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: In the next five years, DCH seeks improvement of 5 percentage points in order to meet the HEDIS 90th percentile for all managed care eligible children(Medicaid and SCHIP).

Annual Performance Objective for FFY 2009: In the next five years, DCH seeks improvement of 5 percentage points in order to meet the HEDIS 90th percentile for all managed care eligible children(Medicaid and SCHIP).

Annual Performance Objective for FFY 2010: In the next five years, DCH seeks improvement of 5 percentage points in order to meet the HEDIS 90th percentile for all managed care eligible children(Medicaid and SCHIP).

Explain how these objectives were set: Developed as part of the federal managed care quality strategy.

Other Comments on Measure: Due to data availability issue, current measurement period is overlapped with the previous measurement period by seven months.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2003</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the denominator who had at least one primary care visit during measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the denominator who had at least one primary care visit during measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes those children in the denominator who had at least one primary care visit during measurement year. Denominators include enrolled children as of the end of the measurement period in that age cohort. Denominators exclude children who had more than one month lapse in coverage during measurement year. For age groups 7-11 and 12-19, the denominators also exclude children who had more than one month lapse in coverage in previous year.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 1600 Numerator: 23415 Denominator: 1691 Denominator: 28568 Rate: 94.6 Rate: 82 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 38080 Numerator: 26770 Denominator: 43573 Denominator: 35186 Rate: 87.4 Rate: 76.1 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 1373 Numerator: 23943 Denominator: 1439 Denominator: 28535 Rate: 95.4 Rate: 83.9 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 42087 Numerator: 27416 Denominator: 47556 Denominator: 35264 Rate: 88.5 Rate: 77.7 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 1371 Numerator: 24822 Denominator: 1430 Denominator: 29710 Rate: 95.9 Rate: 83.5 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 44737 Numerator: 28431 Denominator: 50774 Denominator: 36947 Rate: 88.1 Rate: 77 Additional notes on measure: Due to data availability issue associated from conversion to a managed care delivery system, current measurement period is overlapped with the previous measurement period by seven months.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Age 12-24 Months: The percent of eligible children having at least one primary care visit stayed the same from CY04 to CY05, and increased by one percent from CY05 to the current measurement period.</p> <p>Age 25 Months – 6 Years: The percent of eligible children having at least one primary care visit increased by one percent from CY04 to CY05, and stayed the same from CY05 to the current measurement period.</p> <p>Age 7–11 Years: The percent of eligible children having at least one primary care visit increased by two percent from CY04 to CY05, and stayed the same from CY05 to the current measurement period.</p> <p>Age 12-19 Years: The percent of eligible children having at least one primary care visit increased by two percent from CY04 to CY05, and decreased by one percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Continue to achieve incremental increases in performance. Further objectives will be coordinated with the managed care quality committee.</p> <p>Annual Performance Objective for FFY 2009: Continue to achieve incremental increases in performance. Further objectives will be coordinated with the managed care quality committee.</p> <p>Annual Performance Objective for FFY 2010: Continue to achieve incremental increases in performance. Further objectives will be coordinated with the managed care quality committee.</p> <p><i>Explain how these objectives were set:</i> Based on past performance and expectations for managed care delivery system.</p>		
<p>Other Comments on Measure:</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	343690	356285	3.66

A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	253	39.2	11.8	1.8
1998 - 2000	165	31.1	7.7	1.4
2000 - 2002	180	29.1	7.6	1.2
2002 - 2004	194	30.0	8.1	1.2
2003 - 2005	196	26.1	8.1	1.0
2004 - 2006	203	24.0	8.2	1.0
Percent change	-19.8%	NA	-30.5%	NA

1996-1998 vs. 2004-2006				
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- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Economic activity in Georgia has been subject to a slow down during the most recent time period, similar to the economic trends across the country. Thus the share of children living in families with incomes below 200% FPL has increased since the low of 38 percent in 2002-2003 to a level of almost 42 percent in the most recent time period.

GA's employer insurance market has seen a decline in employer-sponsored coverage above the national average. Historical data from the Census Bureau shows that ESI for children under 18 in Georgia was 67.6% in 2002. In 2006, ESI coverage for children in the state was at 56.5%. This is a decrease of 8%. The comparable national rate of decline was 3.7%. However, this decrease in ESI is not limited to children. ESI coverage in the state for all individuals under 65 decreased 5.4% in the same time period. For the first time in 2005, the state has seen large employers as well as small firms decline to offer health insurance.

- B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

We have two concerns with the CPS estimations as provided:

- A change in survey methodology by the Census Bureau in 2001 makes comparisons between recent years and data from prior to 2001 (reflecting calendar year 2000 and before) somewhat difficult.
- The state's public program eligibility exceeds 200% FPL. Thus the relevant population is children with incomes <235% FPL.

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Annual Demographic Supplement to the CPS for 2001-2007 (excluding data from years prior to the survey method change)
Reporting period (2 or more points in time)	2 year moving average for 2000-2006 (CPS 2001-2007)
Methodology	Weighted CPS sample
Population (Please include ages and income levels)	PeachCare Eligible: age 0, 185-235% FPL, ages 1-5, 133-235% FPL, and ages 6-18 100-235% FPL
Sample sizes	2000 = 575; 2001 = 505; 2002 = 906; 2003 = 925; 2004 = 906; 2005 = 1205; 2006 = 1373; 2007 = 1413
Number and/or rate for two or	See attached table

more points in time	
Statistical significance of results	Ttest for significant difference in means (00/01) versus (05/06)

- A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
- A change in survey methodology by the Census Bureau in 2001 makes comparisons between recent years and data from prior to 2001 (reflecting calendar year 2000 and before) somewhat difficult.
 - The state's public program eligibility exceeds 200% FPL. Thus the relevant population is children with incomes <235% FPL.
- B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)
- 2000-2001: 95% CI 0.1388 - 0.1958
2005-2006 95% CI 0.1807 - 0.2235
- C. What are the limitations of the data or estimation methodology?
- Same limitations as with all CPS estimates. Concerns include Medicaid undercount, imputation bias, and correlation between years.
- D. How does your State use this alternate data source in SCHIP program planning?
- This approach allows the state to use data that is reflective of program eligibility levels.
4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

During the reporting period, an average of 3266 referrals were sent from PeachCare for Kids to Medicaid. This represents new applications and families on SCHIP who experienced a change in income. Separate eligibility systems do not at this time allow us to track individual eligibility determinations across programs. In addition, there are many other families who seek Medicaid directly due to outreach and education around children's health programs.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Increase insurance coverage among Georgia's low-income children	Goal #1 (Describe) Increase insurance coverage among Georgia's low-income children	Goal #1 (Describe) Increase insurance coverage among Georgia's low-income children.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Current Population Survey	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Denominator includes the total number of children enrolled as of December 31 of the measurement year and the total number of PeachCare eligible population based on CPS estimates for the measurement year. Definition of numerator: Numerator includes the total number of children enrolled in PeachCare as of December 31 of the measurement year.	Definition of Population Included in the Measure: Definition of denominator: Denominator includes the total number of children enrolled as of December 31 of the measurement year and the total number of PeachCare eligible population based on CPS estimates for the measurement year. Definition of numerator: Numerator includes the total number of children enrolled in PeachCare as of December 31 of the measurement year.	Definition of Population Included in the Measure: Definition of denominator: Denominator includes the total number of children enrolled as of the end of the measurement period and the total number of PeachCare eligible population based on CPS estimates for the measurement year. Definition of numerator: Numerator includes the total number of children enrolled in PeachCare as of the end of the measurement period.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
Performance Measurement Data: Described what is being measured: Percent of PeachCare Eligibles Enrolled = Current Enrollees / Total PeachCare Eligibles Total PeachCare Eligibles = Current Enrollees + Uninsured PeachCare Eligibles Numerator: 283830 Denominator: 385764 Rate: 73.6	Performance Measurement Data: Described what is being measured: Percent of PeachCare Eligibles Enrolled = Current Enrollees / Total PeachCare Eligibles Total PeachCare Eligibles = Current Enrollees + Uninsured PeachCare Eligibles Numerator: 314334 Denominator: 421570 Rate: 74.6	Performance Measurement Data: Described what is being measured: Percent of PeachCare Eligibles Enrolled = Current Enrollees / Total PeachCare Eligibles Total PeachCare Eligibles = Current Enrollees + Uninsured PeachCare Eligibles Numerator: 329583 Denominator: 455414 Rate: 72.4

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure: 3-year average CPS estimates were used to get the uninsured PeachCare eligible numbers.	Additional notes on measure: : In order to match the current measurement period, 2-year average CPS estimates (2006 and 2007) were used to get the uninsured PeachCare eligible numbers.
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The percent of PeachCare eligible enrolled increased by one percent from CY04 to CY05, and decreased by 3 percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Continue steady improvement</p> <p>Annual Performance Objective for FFY 2008: Continue steady improvement</p> <p>Annual Performance Objective for FFY 2009: Continue steady improvement</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: At least maintain enrollment of eligible children into Medicaid and SCHIP. This fiscal year appears to be difficult for enrollment due to several factors. Policy changes requiring verification have been applied to PeachCare for Kids which will impact enrollment. The highly publicized funding shortfall for Georgia's S-CHIP program had a chilling effect on enrollment which was compounded by the need to freeze enrollment during a 4 month period while the federal funding streams were clarified. Even after lifting the freeze on new enrollments, PeachCare enrollment is subject to a cap in order to ensure sufficient funding given the uncertainty regarding the future funding formulas.</p> <p>Annual Performance Objective for FFY 2009: Increase coverage of children eligible for Medicaid and SCHIP by 5% so long as funding permits.</p> <p>Annual Performance Objective for FFY 2010: Increase coverage of children eligible for Medicaid and SCHIP by 5% so long as funding permits.</p> <p><i>Explain how these objectives were set:</i> Based on historical information within the context of state-specific circumstances. Lack of resolution around SCHIP reauthorization and funding hinders the state's ability to form accurate long term projections.</p>
Other Comments on Measure:	Other Comments on Measure: The percent of PeachCare eligible enrolled increased by 2% from CY03 to CY04, and increased by 1% from CY04 to CY05. We hope to continue this progress.	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006 Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	FFY 2007 Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Increase insurance coverage among Georgia's low-income children (same as goal under the objective of "Reduce the number of uninsured")	Goal #1 (Describe) Increase insurance coverage among Georgia's low-income children (same as goal under the objective of "Reduce the number of uninsured")	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Consistent with our state plan, PeachCare for Kids tracks one performance goal for this strategic objective.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Consistent with our state plan, PeachCare for Kids tracks one performance goal for this strategic objective.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?

FFY 2005	FFY 2006 Are there any quality improvement activities that contribute to your progress?	FFY 2007 Are there any quality improvement activities that contribute to your progress?
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Maximize the numbers of members who stay with their PCP for 12 months	Goal #1 (Describe) Maximize the numbers of members who stay with their PCP for 12 months	Goal #1 (Describe) Maximize the number of members who stay with their PCP for 12 months.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children (with 12 months of enrollment) who stay with the same PCP for 12 months = Number of children who stay with the same PCP for 12 months / Number of children with 12 months of enrollment in measurement year.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children (with 12 months of enrollment) who stay with the same PCP for 12 months = Number of children who stay with the same PCP for 12 months / Number of children with 12 months of enrollment in measurement year.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children (with 12 months of enrollment) who stay with the same PCP for 12 months = Number of children who stay with the same PCP for 12 months / Number of children with 12 months of enrollment in measurement year.
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes number of children who stayed with the same PCP for 12 months. Denominator includes number of children who stayed in PeachCare for 12 months as of December 31 of the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes number of children who stayed with the same PCP for 12 months. Denominator includes number of children who stayed in PeachCare for 12 months as of the end of the measurement period.
Year of Data: 2003	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:

FFY 2005	FFY 2006	FFY 2007
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 104262 Denominator: 121147 Rate: 86.1 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 116180 Denominator: 134306 Rate: 86.5 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 122673 Denominator: 141191 Rate: 86.9 Additional notes on measure: Due to data availability issue during conversion to managed care delivery system, current measurement period is overlapped with the previous measurement period by seven months.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Continue to improve on measure incrementally Annual Performance Objective for FFY 2008: Continue to improve on measure</p> <p>Annual Performance Objective for FFY 2009: Continue to improve on measure</p> <p><i>Explain how these objectives were set:</i> Historical data, other states experience with managed care delivery systems, and national SCHIP and Medicaid performance measures are all taken into consideration. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percent of the children who stayed in PeachCare and kept the same PCP for 12 continuous months increased by one percent from CY04 to CY05, and stayed the same from CY05 to the measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2009: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2010: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p><i>Explain how these objectives were set:</i></p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure: The percent of the children who stayed in PeachCare and kept the same PCP for 12 continuous months stayed the same from CY03 to CY04, and increased by one percent from CY04 to CY05.	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Encourage use of PCP through health plan policies and education.	Goal #2 (Describe) Encourage use of PCP through health plan policies and education.	Goal #2 (Describe) Encourage use of PCP through health plan policies and education.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children who saw their PCP = Number of children with a medical claim where their PCP was the provider / Total ever-enrolled children in the measurement year	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children who saw their PCP = Number of children with a medical claim where their PCP was the provider / Total ever-enrolled children in the measurement year	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children who saw their PCP = Number of children with a medical claim where their PCP was the provider / Total ever-enrolled children in the measurement year
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes children seeing their PCP at least once in the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes children seeing their PCP at least once in the measurement year.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 134130 Denominator: 260481 Rate: 51.5</p> <p>Additional notes on measure: 52% of all enrolled children and 70% of children enrolled for 10-12 months saw their PCP at least once during the measurement year.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 172416 Denominator: 314334 Rate: 54.9</p> <p>Additional notes on measure: The above measures all children enrolled. For children enrolled for 10-12 months (120,898/168,985) the rate is 72%.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 172911 Denominator: 329583 Rate: 52.5</p> <p>Additional notes on measure: The above measures all children enrolled. For children enrolled for 10-12 months (129,742/184,995) the rate is 70%. Due to data availability issue during conversion to managed care delivery system, current measurement period is overlapped with the previous measurement period by seven months.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Continue increase in rates for all PeachCare for Kids enrollees. Annual Performance Objective for FFY 2008: Continue incremental increase in rates for all PeachCare for Kids enrollees.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percent of children seeing their PCP increased by three percent from CY04 to CY05, and decreased by three percent from CY05 to the measurement period. For children with 10-12 months of enrollment, the percent of seeing their PCP increased by two percent from CY04 to CY05, and decreased by two percent from CY05 to the measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2009: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p>

<p>FFY 2005</p>	<p>FFY 2006</p> <p>Annual Performance Objective for FFY 2009: Continue incremental increase in rates for all PeachCare for Kids enrollees.</p> <p><i>Explain how these objectives were set:</i> Historical data, other states experience with managed care delivery systems, and national SCHIP and Medicaid performance measures are all taken into consideration. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	<p>FFY 2007</p> <p>Annual Performance Objective for FFY 2010: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: The percent of children seeing their PCP increased by one percent from CY03 to CY04, and three percent from CY04 to CY05. For children with 10-12 months of enrollment, the percent of seeing their PCP increased by two percent from CY03 to CY04, and two percent from CY04 to CY05.</p>	<p>Other Comments on Measure:</p>

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) Encourage use of PCP through health plan policies and education (same goal as previous but using a different measure)	Goal #3 (Describe) Encourage use of PCP through health plan policies and education (same goal as previous but using a different measure)	Goal #3 (Describe) Encourage use of PCP through health plan policies and education. (Same goal as previous but using different measures)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of primary care visits that were made to the child's PCP = Number of primary care visits where the provider was the child's PCP / Total primary care visits.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of primary care visits that were made to the child's PCP = Number of primary care visits where the provider was the child's PCP / Total primary care visits
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes the number of primary care visits made to the child's PCP in the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: : Numerator includes the number of primary care visits made to the child's PCP in the measurement year.
Year of Data:	Year of Data:	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: Numerator: 423726 Denominator: 635986 Rate: 66.6 Additional notes on measure: Percent of primary care visits that were made to the child's PCP = Number of primary care visits where the provider was the child's PCP / Total primary care visits	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 515073 Denominator: 756675 Rate: 68.1 Additional notes on measure: Denominator includes total number of primary care visits PeachCare children have made in the measurement year.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 509198 Denominator: 772754 Rate: 65.9 Additional notes on measure: Due to data availability issue during conversion to managed care delivery system, current measurement period is overlapped with the previous measurement period by seven months.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Continue improvement incrementally. Annual Performance Objective for FFY 2008: Continue improvement</p> <p>Annual Performance Objective for FFY 2009: Continue improvement with managed care experience.</p> <p><i>Explain how these objectives were set:</i> Historical data, other states experience with managed care delivery systems, and national SCHIP and Medicaid performance measures are all taken into consideration. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percent of primary care visits made to the child's PCP increased by one percent from CY04 to CY05, and decreased by two percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Full migration to a managed care delivery system should promote increase to at least previous year levels. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2009: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2010: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p><i>Explain how these objectives were set:</i></p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure: The percent of primary care visits made to the child's PCP increased by two percent from CY03 to CY04, and increased by one percent from CY04 to CY05.	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Assess how many children receive recommended well-visits and screenings	Goal #1 (Describe) Assess how many children receive recommended well-visits and screenings	Goal #1 (Describe) Assess how many children receive recommended well-visits and screenings.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children who received EPSDT services = Number who had a medical claim for EPSDT services / number of enrollees.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of children who received EPSDT services = Number who had a medical claim for EPSDT services / number of enrollees
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Denominator includes children enrolled in PeachCare as of December 31 of the measurement year. Definition of numerator: Numerator includes children receiving at least one EPSDT service in the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes children receiving at least one EPSDT service in the measurement year.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 86998 Denominator: 283830 Rate: 30.7 Additional notes on measure: The rate for all enrolled children who received EPSDT services was 31%. For children aged 1-5 and enrolled for 10-12 months, the rate was 62%	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 100325 Denominator: 314334 Rate: 31.9 Additional notes on measure: The rate for all enrolled children who received EPSDT services was 32%. For children aged 1-5 and enrolled for 10-12 months, the rate was 62%	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 105956 Denominator: 329583 Rate: 32.1 Additional notes on measure: This represents all enrolled children. For children aged 1-5 and enrolled for 10-12 months the rate is 63% (36,047/57,080). Due to data availability issues in conversion to a managed care delivery system, the current measurement period is overlapped by the previous measurement period by 7 months.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percent of PeachCare eligible children in ages 1-18 and receiving at least one EPSDT service increased by one percent from CY04 to CY05, and stayed the same from CY05 to the current measurement period. For children in ages 1-5 and enrolled for 10-12 months, the percent receiving at least one EPSDT service stayed the same from CY04 to CY05, and increased by one percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

<p>FFY 2005</p>	<p>FFY 2006</p> <p>Annual Performance Objective for FFY 2007: Continued improvement - targets to be aligned with overall Georgia Families strategic plan for quality improvement.</p> <p>Annual Performance Objective for FFY 2008: Continued improvement - targets to be aligned with overall Georgia Families strategic plan for quality improvement.</p> <p>Annual Performance Objective for FFY 2009: Continued improvement - targets to be aligned with overall Georgia Families strategic plan for quality improvement.</p> <p><i>Explain how these objectives were set:</i> Historical data, other states experience with managed care delivery systems, and national SCHIP and Medicaid HEDIS measures are all taken into consideration. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	<p>FFY 2007</p> <p>Annual Performance Objective for FFY 2008: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p>Annual Performance Objective for FFY 2009: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p>Annual Performance Objective for FFY 2010: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: The percent of PeachCare eligible children ages 1-18 and receiving at least one EPSDT service increased by two percent from CY03 to CY04, and increased by one percent from CY04 to CY05.</p> <p>For children ages 1-5 and enrolled for 10-12 months, the percent receiving at least one EPSDT service increased by four percent from CY03 to CY04, and stayed the same from CY04 to CY05.</p>	<p>Other Comments on Measure:</p>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Assess how many children receive immunizations	Goal #2 (Describe) Assess how many children receive immunizations	Goal #2 (Describe) Assess how many children receive immunizations.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Limited population to children in age groups appropriate to receive immunizations. Also limited population to those children who were enrolled for at least 10 months of the measurement year. Percent of children who received immunizations = number of children who received immunization / total children.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Limited population to children in age groups appropriate to receive immunizations. Also limited population to those children who were enrolled for at least 10 months of the measurement year. Percent of children who received immunizations = number of children who received immunization / total children.
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Denominators include children enrolled for 10-12 months as of December 31 of the measurement year for each specified age group. Definition of numerator: Numerators include children receiving at least one immunization in the measurement year for each specified age group.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerators include children receiving at least one immunization in the measurement year for each specified age group.

FFY 2005	FFY 2006	FFY 2007
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1660 Denominator: 1888 Rate: 87.9 Additional notes on measure: 88% of children under age 2 and 35% of children aged 4-5 and enrolled for 10-12 months received at least one immunization in the measurement year	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1399 Denominator: 1574 Rate: 88.9 Additional notes on measure: Children under 2 and enrolled for 10-12 months: Numerator: 1,399 Denominator: 1,574 Rate: 89% Children aged 4-5 and enrolled for 10-12 months: Numerator: 3,705 Denominator: 11,770 Rate: 31%	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1500 Denominator: 1675 Rate: 89.6 Additional notes on measure: Above rate represents children under 2 and enrolled for 10-12 months. For children aged 4-5 and enrolled for 10-12 months, the immunization rate is 30% (3857/12,708). Due to data availability issues in conversion to a managed care delivery system, the current measurement period is overlapped by the previous measurement period by 7 months.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? For children under age 2 (newborns not included) and enrolled for 10-12 months, the percent receiving immunizations increased by one percent from CY04 to CY05, and by one percent from CY05 to the current measurement period. For children in ages 4-5 and enrolled for 10-12 months, the percent receiving immunizations decreased by four percent from CY04 to CY05, and by one percent from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

<p>FFY 2005</p>	<p>FFY 2006</p> <p>Annual Performance Objective for FFY 2007: See increase in rate for all ages.</p> <p>Annual Performance Objective for FFY 2008: Continued improvement - targets to be aligned with overall Georgia Families strategic plan for quality improvement.</p> <p>Annual Performance Objective for FFY 2009: Continued improvement - targets to be aligned with overall Georgia Families strategic plan for quality improvement.</p> <p><i>Explain how these objectives were set:</i> Historical data, other states experience with managed care delivery systems, and national SCHIP and Medicaid HEDIS measures are all taken into consideration. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	<p>FFY 2007</p> <p>Annual Performance Objective for FFY 2008: In the next five years, DCH seeks improvement of 5 percentage points.</p> <p>Annual Performance Objective for FFY 2009: In the next five years, DCH seeks improvement of 5 percentage points.</p> <p>Annual Performance Objective for FFY 2010: In the next five years, DCH seeks improvement of 5 percentage points.</p> <p><i>Explain how these objectives were set:</i> Developed in relation to Georgia's federal managed care quality strategy.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: For children under age 2 (newborns not included) and enrolled for 10-12 months, the percent receiving immunizations increased by one percent from CY03 to CY04, and increased by one percent from CY04 to CY05.</p> <p>For children in ages 4-5 and enrolled for 10-12 months, the percent receiving immunizations decreased by five percent from CY03 to CY04, and decreased by four percent from CY04 to CY05.</p>	<p>Other Comments on Measure:</p>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) Reduce the number of ED visits for non-emergency services.	Goal #3 (Describe) Reduce the number of ED visits for non-emergency services.	Goal #3 (Describe) Reduce the number of ED visits for non-emergency services.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of ER admissions for diagnoses considered medical emergencies = Number of admissions for emergencies / Total ER admissions.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of ER admissions for diagnoses considered medical emergencies = Number of admissions for emergencies / Total ER admissions.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of ER admissions for diagnoses considered medical emergencies = Number of admissions for emergencies / Total ER admissions
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes the number of ER visits considered as medical emergencies based on the diagnoses in the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator includes the number of ER visits considered as medical emergencies based on the diagnoses in the measurement year.
Year of Data:	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 52739 Denominator: 79501 Rate: 66.3</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 61505 Denominator: 93108 Rate: 66.1</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 62662 Denominator: 95294 Rate: 65.8</p> <p>Additional notes on measure: Due to data availability issues in conversion to a managed care delivery system, the current measurement period is overlapped by the previous measurement period by 7 months.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Work on decreasing inappropriate usage of ED Annual Performance Objective for FFY 2008: See continued improvement</p> <p>Annual Performance Objective for FFY 2009: See continued improvement</p> <p><i>Explain how these objectives were set:</i> Recognition that this is a problem that can be addressed by ensuring access to appropriate care and member education. A comprehensive strategic plan for quality is being developed for GA Healthy Families which will inform specific future performance objectives.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percent for ER visits that were considered medical emergencies stayed the same from CY04 to CY05, and from CY05 to the current measurement period.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2009: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis. Annual Performance Objective for FFY 2010: The state has migrated to a managed care delivery system which is intended to improve access for members. Performance objectives will be reassessed once health plan encounter data is available for analysis.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: The percent for ER visits that were considered medical emergencies decreased by one percent from CY03 to CY04, and stayed the same from CY04 to CY05.</p>	<p>Other Comments on Measure:</p>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

DCH contracts with the Georgia Health Policy Center to do annual analysis on selected performance measures based on claims data. They have also conducted CAHPS surveys for the PeachCare for Kids program. Claims data from the MMIS can also be accessed by program managers to monitor utilization.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

Now that SCHIP and Medicaid has transitioned to a managed care delivery system, quality activities are coordinated through the Department's managed care quality committee.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

Commissioned issue brief to be published on the use of ED services by Medicaid and PeachCare children in Georgia. Preliminary results show that about 15% of enrollees with more than one medical visit had a non-urgent ED visit. The study will look at reasons behind these visits to inform quality improvement activities.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Ketsche, P., Adams E.K., Snyder A., Zhou, M., Minyard, K., & Kellenberg, R. 2007. Discontinuity of Coverage for Medicaid and S-CHIP Children at a Transitional Birthday. Health Services Research. 42(6), Part II: 2410-2423.

- Program transitions (from Medicaid to SCHIP) which should occur in Georgia when certain children turn 6 years old seems to be a common pathway for children to become uninsured.
- Policies to facilitate continuous enrollment and make program transitions easier would retain children with lower than average expenditures in SCHIP.
- Maintaining coverage for these children would be a cost-effective way of reducing the number of uninsured children in Georgia.

Ketsche, P., Adams, E.K., Adams, Minyard, K., Kellenberg, R. 2007. The Stigma of Public Programs: Does a Separate S-CHIP program reduce it? Journal of Policy Analysis and Management. 26(4): 775-789.

- About half of the differences in satisfaction between S-CHIP and Medicaid enrollees in Georgia are related to unmeasured characteristics, for example income, between the families in the different programs.
- The remainder of the perceived differences in care can be attributed to programmatic identity, with S-CHIP families having greater satisfaction than Medicaid families.

Adams, E.K., Ketsche, P., Zhou, M., and Minyard, K.: Access and Satisfaction Among Children in Georgia's Medicaid Program and SCHIP: 2000 to 2003 Health Care Financing Review 29(3): 43-57, Spring 2008.

The lagging reauthorization of the State Children's Health Insurance Program (SCHIP) affects States' plans for sustaining mature programs. This study used the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program survey in order to assess changes in access and satisfaction for Georgia's SCHIP (PeachCare) and Medicaid children as PeachCare matured 2000 to 2003. Adjusting for family and child characteristics, PeachCare enrollees reported better access and higher satisfaction than Medicaid clientele initially, but access differences narrowed by 2003 while differences in satisfaction grew. This may point to cultural/language issues or treatment stigma for Medicaid clientele. Nonetheless, overall plan ratings remained high for both groups.

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

We were unable to do our annual back-to-school campaign due to the uncertainty around federal funding and SCHIP reauthorization. This was unfortunate as this is an opportunity to distribute PeachCare for Kids information to over 2 million children. Our outreach efforts continue to be focused at the grassroots level through the use of Right from the Start Medicaid outreach workers.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

Back-to-school initiative which sends a PeachCare flyer home with every Georgia school child always results in an increase in enrollment. Direct community interaction through the Right from the Start Medicaid outreach unit reaches families across the state in diverse settings. In FFY 07, RSM workers gave 1866 presentations on PeachCare for Kids and distributed materials to 115,000 people.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

RSM workers are involved in communities and events that include low-income families, but we have not targeted outreach efforts at specific populations.

4. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

Comparing CPS data to Medicaid and PeachCare for Kids enrollment numbers (ever enrolled), it is estimated that 82% of eligible children below 200% of FPL are enrolled.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

1. Is your state's eligibility level up to and including 200 percent of the FPL?

- ☒ Yes
☐ No
☐ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

A child will be denied eligibility if it is determined that he or she: 1) is covered under a group health plan or under health insurance coverage as defined in section 2791 of the Public Health Service Act; or 2) is eligible for Medicaid; or 3) is a member of a family that is eligible for health benefits coverage under a State health benefit plan based on a family member's employment with a public agency in the State; or 4) voluntarily dropped coverage under an employer plan during the past six months. (Voluntary termination of coverage does NOT include the following: employer cancellation of the entire group plan; loss of eligibility due to parent's layoff, resignation of parent from employment, employment termination; leave of absence without pay, or reduction of work hours; cancellation of a private health plan in which cost-sharing is expected to exceed 5% of the family's annual income; cancellation of an individual within a family policy due to

meeting lifetime maximum of benefits; or cancellation of COBRA or an individual insurance policy. A child born during the six month waiting period would be eligible.) The application contain questions about current and past coverage under group health plans and family members employment with State agencies. State employment information will be verified through monthly matches with the State Merit System and the Board of Regents. In addition, as claims are paid, if the providers report coverage under other health plans, eligibility will be terminated if the coverage meets any of the four criteria listed above.

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

2. Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

☐ Yes
☒ No
☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

3. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

☐ Yes
☒ No
☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

All States must complete the following 3 questions

4. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

All applicants must state whether the children have had private insurance coverage in the past 6 months. Any application that answers this question positively hits an edit list. A report is created and each case is researched to see if it meets one of the exception criteria. If it is uncertain, correspondence is sent to the family requesting additional information. Eligibility is not granted until we are confident that the six-month waiting period has been met.

5. At the time of application, what percent of applicants are found to have insurance? **[7500]**

In FFY07, 2.1% of applicants reported having other insurance.

6. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

As mentioned above, we closely monitor applicants to ensure that the six-month waiting period is met if they have dropped private coverage. We do not really encounter families dropping coverage simply to enroll in SCHIP. The most common reason applicants cite for dropping group health coverage is cost.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Effective July 1, 2007, SCHIP adopted full verification of income at annual renewal. This has brought our renewal process much more in line with Medicaid. Both programs now require the same verification documents. Neither requires a face-to-face interview. Documents can be mailed or faxed. The one remaining difference is that Medicaid requires renewal every six months rather than annually.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

Potentially Medicaid eligible cases will be referred to Medicaid once income has been verified. An electronic file of the application for eligibility determination is provided to the state's Right from the Start Medicaid unit. Since the income verification requirements for PeachCare for Kids are the same as in Medicaid, families will not have to go through the process again unless they report a change in income. State Eligibility Specialists have access to the SCHIP eligibility system via a web portal to report back the eligibility and enrollment status for all referred children. Likewise, Medicaid refers SCHIP eligible cases to PeachCare for Kids. Both programs can accept an income verification from each other, thus preventing families from having to provide documentation multiple time.

Moving to common income verification standards has improved the referral process. Now that income verification is completed before a case is referred to Medicaid, fewer cases that are referred end up returning to SCHIP.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

Yes, both family Medicaid and SCHIP utilize the same delivery system. Members are mandatorily enrolled in managed care plans. For periods before enrollment in a health plan occurs, both programs share a fee-for-service delivery system.

4. For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

While each program has its own application, they contain the needed information to make an eligibility determination for both Medicaid and SCHIP.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?

[500]

A minimum of initial request and two reminders - could be more if additional time is granted for compliance

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received

by the State?) **[500]**

Initial 2 months prior to renewal date then at 3 week intervals

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Provide a preprint of current account information and a simplified form to fill in for income verification

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

☐ Other, *please explain:* **[500]**

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

As the renewal process just changed effective July 1, 2007, it is too early to have adequate data.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

Prior to the new verification policy, retention at renewal was nearly one hundred percent. The first cancels under the new policy did not occur until the end of FFY07 so will be reported in coming years.

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☒ Yes

☐ No

☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

Monthly reports are created to show the outcomes of the verification process as well as cancellation reasons, but we do not have a mechanism to track what happens to children after enrollment.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) [7500].

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? [7500]

In FFY07, an average of 8775 members were cancelled each month for late or non-payment of premium. Premiums are due at the first of the month and families have until the 15th to get them in.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? [7500]

Not during this reporting period.

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? [7500]

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

☐ Yes, Check all that apply and complete each question for each authority.

- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package? **[7500]**

6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____	Number of childless adults ever-enrolled during the reporting period
_____	Number of adults ever-enrolled during the reporting period
_____	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

Yes, since the SCHIP program is housed within the Medicaid agency and utilizes the same delivery system as well as claims processing, the Medicaid Program Integrity plan is also used for SCHIP. The Program Integrity unit is under the Department of Community Health's Office of the Inspector General.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

1375 Number of cases investigated

23 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

150 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☐

Medicaid and SCHIP Combined ☒

3. Does your state rely on contractors to perform the above functions?

☐ Yes, please answer question below.

☒ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Enter any Narrative text below. **[7500]**

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

Benefit Costs	2007	2008	2009
Insurance payments	0	0	0
Managed Care	438058632	295042315	338046526
Fee for Service	32464613	17785810	24346173
Total Benefit Costs	470523245	312828125	362392699
(Offsetting beneficiary cost sharing payments)	-34021165	-27435094	-25343752
Net Benefit Costs	\$ 436502080	\$ 285393031	\$ 337048947

Administration Costs

Personnel	36172	642353	671259
General Administration	3793621		
Contractors/Brokers (e.g., enrollment contractors)	3855745	22473194	23484487
Claims Processing		2100000	2851578
Outreach/Marketing costs	330	1384	2000
Other (e.g., indirect costs)		10033	45000
Health Services Initiatives			
Total Administration Costs	7685868	25226964	27054324
10% Administrative Cap (net benefit costs ÷ 9)	48500231	31710337	37449883

Federal Title XXI Share	325945116	230386850	273587198
State Share	118242832	80233145	90516073

TOTAL COSTS OF APPROVED SCHIP PLAN	444187948	310619995	364103271
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☒ Other (specify) **[500]** Managed care quality assessment fees

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

Yes, PeachCare experienced a federal funds shortfall of over \$180 million. This was due to the flawed Title XXI funding formula along with steady increases in enrollment.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	274473	\$ 133	221503	\$ 111	220082	\$ 128
Fee for Service	24820	\$ 109	16110	\$ 92	15254	\$ 133

Enter any Narrative text below. **[7500]**

SFY 2007 Administration costs were absorbed largely by the state in an effort to conserve available funding for medical payments due to federal shortfall and continued uncertainty over the program.

This budget represents an actual expenditure basis through 6/3/08. A one time retroactive CMO rate cut accounts for a large share of the variance. Verification changes impacting enrollment account for the remaining drop.

Children enrolled in PeachCare for Kids are mandatorily enrolled in managed care. Fee for Service claims only occur at the beginning of enrollment prior to health plan assignemnt. Accordingly, the PMPM for Fee For Service is based on costs incurred outside of managed care during these periods rather than number of enrollees.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

- If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

- Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting
Beneficiary Cost Sharing Payments)

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Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

This was a very difficult year for PeachCare for Kids. The program experienced a significant federal funds shortfall. As a result, enrollment in the program was closed for four months. This was a measure all were reluctant to take. Until supplemental funding was received, the General Assembly had to "lend" temporary funds to SCHIP. At the same time, uncertainty around future funding and the reauthorization of SCHIP hindered prospective planning efforts.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The greatest challenge PeachCare for Kids experienced during the reporting period was the uncertainty of federal support for the SCHIP program on the funding and legislative fronts. Georgia, like all states, was eager for SCHIP reauthorization to clear up questions about funding levels, formulas, and operational areas.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

We successfully began re-enrolling children in July after a four month closed enrollment period. Over 27,500 applications and requests for reinstatement were received during this period. Thanks to procedures put in place at the outset of closed enrollment, PeachCare for Kids was able to quickly process all of these without creating a backlog.

PeachCare for Kids implemented full verification of income and citizenship effective July 1, 2007. This was a significant operational change from the previous self declaration policy that only required income verification of a small random sample of members.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

The program's Third Party Administrator contract will be re-procured. This will include the implementation of a new, enhanced eligibility system for PeachCare for kids. We are also hopeful that adequate federal funding will allow us to resume some activities, such as back-to-school outreach, that had to be put on hold this year.

Enter any Narrative text below. **[7500]**